



GENERAL INFORMATION:		
Event		
Dates	from	to
Location (city, country)		
FIVB Medical Delegate		
Email		
Mobile Phone #		

MEDICAL SERVICES:		
Name of event Medical Doctor		
Qualifications (GP, orthopaedic surgeon, sports physician, etc)		
E-mail		
Mobile phone #		
Medical support staff	Adequate <input type="checkbox"/>	Not adequate <input type="checkbox"/>
Description (number, qualifications, organization, etc)		

MEDICAL FACILITIES:	
Adequate <input type="checkbox"/>	Not adequate <input type="checkbox"/>
Description	

DOPING CONTROL:					
Number of samples	Men		Women		Total
Doping control room	Adequate <input type="checkbox"/>		Not adequate <input type="checkbox"/>		
Name of anti-doping agency					
E-mail					
Mobile phone #					
Name of laboratory used					
Comments on doping control facilities and procedures					

<u>MAJOR INJURIES:</u>	

<u>REFEREE HEALTH CONTROLS:</u>	
Total number of referees controlled	
Comments	

<u>PLAYER NUTRITION:</u>			
Breakfast	Adequate <input type="checkbox"/>	Not adequate <input type="checkbox"/>	
Lunch	Adequate <input type="checkbox"/>	Not adequate <input type="checkbox"/>	
Diner	Adequate <input type="checkbox"/>	Not adequate <input type="checkbox"/>	
Fluids	Adequate <input type="checkbox"/>	Not adequate <input type="checkbox"/>	
Player hotel/venue kitchen inspection	Completed <input type="checkbox"/>	Not completed <input type="checkbox"/>	
Comments			

<u>GENERAL COMMENTS / RECOMMENDATIONS:</u>

DATE COMPLETED:

SIGNATURE:

E-mail this file to the CEV office (medical@cev.eu) immediately after the event.

In case you need additional space for comments, please write them down in the message body of the e-mail.